Author's response to reviews

Title: Under-treatment of elderly patients with ovarian cancer: A population-based study

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Author's response to reviews: see over
Dear Editor in Chief,

Please find enclosed a revised version of our article entitled “Under-treatment of elderly patients with ovarian cancer: a population based study” which we would like to re-submit for publication in BMC cancer.

We would like to thank the editor for the constructive critique. We have studied the comments in detail, and have made the appropriate changes in the revised manuscript (modifications shown in red). We believe that these suggestions have helped to substantially improve the quality of our paper.

You will find enclosed in a separate file our point-by-point responses to each comment, detailing the relevant modifications made.

We hope that this paper will now be considered suitable for publication, and we look forward to hearing from you again in due course.

Yours sincerely,

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**TITLE:** “Under-treatment of elderly patients with ovarian cancer: a population based study”

**AUTHORS:** Elisabeth Fourcadier, Brigitte Trétarre, Claudine Gras-Aygon, Jean-Pierre Daurès, Faïza Bessaoud

**Editor’s comments:**
While the authors have addressed some of the reviewers’ comments they have not addressed the question raised by both the reviewers and editor regarding evidence of the likely impact of differences in comorbidities on the apparent differences in survival between the two age groups. In particular they have failed to present data on relative survival as requested. This is a fundamental question as any major differences in comorbidities could explain the apparent differences in overall survival between the age and treatment groups. All other things being equal, older women would be expected to have more comorbidity than younger women (which will adversely affect overall survival) and even within the group of older women, those that have not received standard treatment may have more serious conditions that, for example, preclude them being offered surgery. For this reason, without full adjustment for comorbidity it is very difficult to reliably interpret the findings on survival. The authors should, therefore, either provide solid evidence to show that confounding with comorbidity is not a material issue - or omit the findings on overall survival.

**Response:**
We agree with editor that the missing comorbidities information is a major limitation of this study.

However, we are able to provide the net survival data, and this has now been added to the revised version, in accordance with the editor’s request.

We calculated relative survival by the conventional Ederer II method, and found results almost identical to those of net survival as calculated by the Pohar-Perme method. This is in line with the recent report by Seppä et al stating that the Pohar-Perme and the Ederer II methods give, on average, results that are less than 0.5% units apart at five years of follow-up, and 1-2% units apart at 10 and 14 years (1).

Therefore, we have chosen to include the results of the net survival analysis in the revised version, as it has been shown in the literature that net survival is more appropriate for registry data (2,3), and provides a more unbiased estimator.

Furthermore, in our study, the results of overall survival and net survival are very similar, supporting our hypothesis that the effect of comorbidities is minimal in this particular context.

**References:**